

**PATENT APPLICATION FEE DETERMINATION R**  
Substitute for Form PTO-875

10/16/834

CLAIMS AS FILED - PART I					SMALL ENTITY		OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)			RATE	FEE	RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA				\$		\$
BASIC FEE (37 CFR 1.16(a))								
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =				X \$		X \$	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =				X \$		X \$	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ \$		+ \$	
* If the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL		TOTAL	

  

CLAIMS AS AMENDED - PART II					SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT A	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(b))	21	Minus		21	X \$		X \$
Independent (37 CFR 1.16(b))	3	Minus	3	X \$		X \$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$		+ \$	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	

  

AMENDMENT B					SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT B	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(b))	21	Minus		21	X \$		X \$
Independent (37 CFR 1.16(b))	3	Minus	3	X \$		X \$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$		+ \$	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	

  

AMENDMENT C					SMALL ENTITY		OTHER THAN SMALL ENTITY	
AMENDMENT C	(Column 1)	(Column 2)	(Column 3)	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(b))		Minus			X \$		X \$
Independent (37 CFR 1.16(b))		Minus		X \$		X \$		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$		+ \$	
					TOTAL ADD'L FEE		TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Best Available Copy

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10761854

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 =	1
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	4/1/04	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total	21	Minus	21
Independent	3	Minus	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
			PRESENT EXTRA
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

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\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

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SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	385.00
X5 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	770.00
X518=	18
X86=	
+290=	
TOTAL	788

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X5 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X518=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X5 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X518=	
X86=	
+290=	
TOTAL	

RATE	ADDITIONAL FEE
X5 9=	
X43=	
+145=	
TOTAL	

RATE	ADDITIONAL FEE
X518=	
X86=	
+290=	
TOTAL	

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## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 = *	1
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

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The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
X\$ 9=		OR	X\$18=	18
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL		OR	TOTAL	188

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	